



**MISSISSIPPI INSURANCE DEPARTMENT**

501 N. WEST STREET, SUITE 1001  
WOOLFOLK BUILDING  
JACKSON, MISSISSIPPI 39201  
www.mid.ms.gov

MAILING ADDRESS  
Post Office Box 79  
Jackson, Mississippi 39205-0079  
TELEPHONE: (601) 359-3569  
FAX: (601) 359-2474

**MIKE CHANEY**  
Commissioner of Insurance  
State Fire Marshal

**MARK HAIRE**  
Deputy Commissioner of Insurance

**RICKY DAVIS**  
State Chief Deputy Fire Marshal

**BEFORE THE MISSISSIPPI INSURANCE DEPARTMENT**

**In re: TOMEKA D. THOMPSON**  
**License No. 10550883260418**

CONSENT TO ADMINISTRATIVE FINE

I, TOMEKA D. THOMPSON, having been fully informed of my alleged noncompliance with Miss. Code Ann. §§ 83-17-71 and 83-17-81, and understanding that I am entitled to a hearing before the Commissioner of Insurance of the State of Mississippi, do hereby waive my right to such hearing and voluntarily consent to the imposition of an administrative fine in the sum of FIVE HUNDRED DOLLARS (\$500.00), **payable no later than March 28, 2022.**

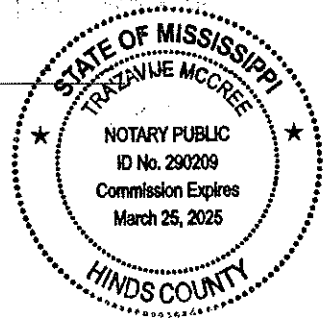
This Consent to Administrative Fine is in lieu of any other administrative action by the Mississippi Insurance Department related to this matter.

*Tomcka D. Thompson*  
\_\_\_\_\_  
**Tomcka D. Thompson**  
**License No: 10550883260418**

Sworn to and subscribed before me this the 21<sup>st</sup> day of March, 2022.

*[Signature]*  
\_\_\_\_\_  
Notary Public

My Commission Expires:  
03-25-2025



Approved by: *[Signature]* 3/21/22  
\_\_\_\_\_  
**Mike Chaney** Date  
**Commissioner of Insurance**  
**State of Mississippi**